

Case Number:	CM14-0104753		
Date Assigned:	07/30/2014	Date of Injury:	10/21/2010
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old female with a 10/21/10 date of injury. At the time (6/9/14) of request for authorization for Diclofenac Sodium ER (Voltaren ER) 100mg, #120; Tramadol ER 150mg, #90; Orphenadrine Citrate #120; Omeprazole 20mg, #120; Ondansetron ODT 8mg, #30; and Levofloxacin 750mg, #30, there is documentation of subjective (neck, left shoulder, and low back pain) and objective (tenderness over the cervical paravertebral muscles with spasm, positive Axial loading compression test and Spurling's, and decreased sensation over the C5 and C6 dermatomes) findings, current diagnoses (cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression), and treatment to date (medications (including ongoing treatment with Naproxen Sodium, Cyclobenzaprine, Ondansetron, Omeprazole, and Tramadol ER since at least 11/20/13). Regarding Diclofenac Sodium, there is no documentation of Diclofenac used as second line therapy. Regarding Tramadol ER, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; Tramadol is used as a second line treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Ondansetron ODT, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac Sodium ER (Voltaren ER) 100mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression. However, there is no documentation of Diclofenac used as second line therapy. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium ER (Voltaren ER) 100mg, #120 is not medically necessary.

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg, #90 is not medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression. In addition, there is documentation of spasms. However, given documentation of 10/21/10 date of injury, there is no documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short-term. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate #120 is not medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years and older; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing

gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression. In addition, there is documentation of ongoing treatment with Omeprazole and NSAIDs. However, despite documentation of ongoing treatment with NSAIDs, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg, #120 is not medically necessary.

Ondansetron ODT 8mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial decompression. In addition, there is documentation of ongoing treatment with Ondansetron. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT 8mg, #30 is not medically necessary.

Levofloxacin 750mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/levaquin-oral-solution.html>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline supports pre-operative antibiotics for up to 24 hours in uncomplicated cases. Within the medical information available for review, there is documentation of diagnoses of cervical/lumbar discopathy, status post bilateral carpal tunnel release, and status post left shoulder subacromial

decompression. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Levofloxacin 750mg, #30 is not medically necessary.